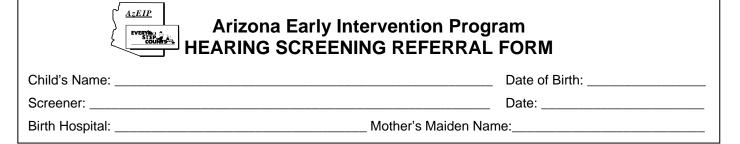


Arizona Early Intervention Program HEARING SCREEN TRACKING FORM

Child's Name:	Date of Birth:		
Screener:	Date:		
Birth Hospital: Mother's	Maiden Name:		
REVIEW OF MEDICAL RECORDS:	RESULTS OF INITIAL AZEIP HEARING SCREENING:		
Previous Hearing Screening Newborn Hearing Screening Right □ Pass □ Refer Left □ Pass □ Refer Date: Outpatient or Other Hearing Screen Right □ Pass □ Refer Left □ Pass □ Refer Date: Previous Hearing Evaluation □ Yes □ No Does this child have a diagnosed permanent hearing loss in both ears?	Visual Inspection: Date:		
☐ Yes ☐ No IF YES – Has the family been referred to the Arizona State Schools for the Deaf and the Blind Parent Outreach Program	If possible, a child who does not pass the initial AzEIP hearing screening should receive a follow-up hearing screening within 2-4 weeks, prior to making a referral.		
Risk Indicators for Late Onset or Progressive Hearing Losses	Results of Second AzEIP Hearing Screening:		
 Parental/ caregiver concern about speech or hearing Family history of permanent childhood hearing loss. Postnatal infections including bacterial meningitis. Head trauma. Recurrent/ persistent otitis media for at least 3 months. Stigmata associated with hearing loss. In-utero infections such as cytomegalovirus, herpes, rubella, syphilis and toxoplasmosis. Neonatal indicators-specifically hyberbilirubinemia, or persistent pulmonary hypertension. Syndromes associated with progressive hearing loss. Neurodegenerative disorders. 	Visual Inspection: Date: Right Pass Refer Left Pass Refer Otoacoustic Emissions (OAE) Screening Results Date: Right Pass Refer or Could not test Left Pass Refer or Could not test *Tympanometry/Reflectometry Screening Results Right Pass Refer or Could not test Left Pass Refer or Could not test Left Pass Refer or Could not test Comments:		
Guidelines For AzEIP Hearing Screening	<u>Referrals</u>		
No Hearing Screening Necessary if: Child passed newborn or other objective hearing screening within the past six months	☐ If OAE=refer and Tymp/ Reflectometry=pass then obtain medical referral for pediatric audiology evaluation within 2-4 weeks.		
and □ Child has no risk indicators for late onset or progressive hearing loss.	☐ If OAE=refer and Tymp/ Reflectometry=refer or not available then the child should receive a medical evaluation of the middle ear and an evaluation by a pediatric audiologist to rule out hearing loss. * if available		



How does OAE screening help to identify young children who may be at risk for hearing loss?

Children will not pass the OAE screening if the:

- Ear canal is blocked with wax or debris;
- Middle ear structure is abnormal or filled with fluid;
- Cochlea is not responding to sound.

OAE screening identifies children who may have a

- Fluctuating loss associated with otitis media;
- Permanent loss associated with physical abnormalities of the middle or inner ear.

OAE screening is <u>not</u> synonymous with audiological assessment and children who refer on repeated OAE screening attempts should receive prompt medical and/or audiological follow-up.

Dear Medical Provider:

This child is being referred to you because he/she did not pass Otoacoustic Emissions (OAE) hearing screening in one or both ears and may have a hearing loss. Your assistance is needed to assess this child's middle ear status and obtain referrals and authorizations for a pediatric audiological evaluation for possible hearing loss.

Date: (/_	/) Name o	of Medical Provider:			
Diagnosis:			□ Middle ear disorder (describe):		
Follow-up Red		(s) and date by wl	hich recommendation should b	e completed: (check all tha	t apply)
□ Audiological	evaluation	(/)	Referral to		
□ Referral to E specialist	NT or other	(/)	Referral to		
□ Repeat heari	ng screening	(/)			
☐ Medical treat	ment	(/) ((describe)		
□ Other				(//	/)
Please comp	lete this form a	and return to:			
Name:			Address:		
Fax:			Phone:		
The comple	eted form sho		as soon as the initial evaluately.	ion is completed, but i	no late